

## Informational Update Vol 17 #3

### 1. Medicare Vision Coverage

Medicare provides limited coverage, focusing primarily on medically necessary care rather than routine eye care. Medicare covers most eye-related medical issues, such as diagnostic tests for eye problems and treatment of eye diseases.

Unfortunately, Medicare does not cover routine eye exams or eyeglasses. This means having an eye exam to update a prescription for glasses is not covered.

Under Medicare Part B, Medicare will cover some preventative and diagnostic eye exams, such as:

**1. Yearly Diabetic-Related Exam** for patients with diabetes or ocular disease symptoms (covered whether conducted by an ophthalmologist or optometrist).

**2. Yearly Glaucoma Screening Tests** for people at high risk for glaucoma. You are at high risk if you have diabetes, a family history of glaucoma, are an African American 50 or older, or a Hispanic American 65 or older. The screening must be done or supervised by a doctor certified to perform it in your state.

**3. Macular Degeneration** - certain diagnostic tests and treatment of the disease, including injections. Those receiving treatment must have age-related macular degeneration (AMD).

**4. Cataract Surgery** – Medicare will cover traditional surgery or laser (if medically necessary) surgery, including standard intraocular lens implants. It also covers a pair of standard eyeglasses or contact lenses after surgery. Upgraded frames are not covered. The eyeglass provider must also be a Medicare-approved supplier to qualify.

### 5. Eye Injuries or Infections

The CSA Retiree Welfare Fund also reimburses laser vision correction \$500 once in a lifetime and multi-focus lens (after cataract surgery) \$500 per eye once in a lifetime.

### 2. Medicare Care Coverage for Emergency and Urgent Care

Sometimes, you may unexpectedly encounter a medical situation, such as an accident or illness, that requires both emergency and/or urgent care. The good news is that Medicare covers both services.

Under Original Medicare, emergency care is covered throughout the U.S.A. This includes conditions such as chest pain, severe bleeding, or signs of stroke, where immediate medical attention is required. Part B covers the cost after you meet the deductible of \$50.

Urgent care, which is less severe than emergencies, is when a condition requires medical attention, but is not critical. Examples include minor infections, sprains, or flu-like symptoms that cannot wait for a doctor's appointment. Medicare Part B will pay for the visit, provided the Urgent Care facility accepts Medicare.

It is important to understand the difference between Emergency Care and Urgent Care, as it can directly affect your out-of-pocket expenses. Additionally, while Medicare covers services nationwide, coverage outside of the U.S. is limited, with only a few exceptions. I write about them in a future Update.

### 3. **Question of the Month**

**Q.** I am a retired member and bought glasses from a GVC participating provider. I recently received \$65 from the CSA Retiree Chapter, but I never received \$150 (glasses cost \$326) from the CSA Retiree Welfare Fund.

**A.** To begin, the CSA Welfare Fund no longer issues your \$150 reimbursement. Members must submit out-of-network claims directly to GVS (this form can be found on the CSA Welfare Fund website) or, if a member utilizes an in-network provider, the \$150 benefit is applied to the cost of the visit and/or glasses. The CSA Welfare Fund then automatically issues up to \$65 in reimbursement for those who belong to the Retiree Chapter – members do not need to submit anything to the Fund for the additional chapter reimbursement.

Have a great and safe day!

**Norm Sherman**

**Florida CSA Retiree Chapter Liaison & Outreach Coordinator**



[nshermzie@aol.com](mailto:nshermzie@aol.com)



561-638-6439 |



561-699-4235